

## UNITED STATES DISTRICT COURT

for the

District of Massachusetts

Theodore Tobias

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

United States Postal Service

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☐ Yes ☒ No

## COMPLAINT FOR A CIVIL CASE

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Theodore Tobias826 Willard St. Apt 212QuincyMA. 02169860-996-2617getsed291@gmail.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

FILED  
IN CLERKS OFFICE  
2022 JAN 27 PM 1:27  
U.S. DISTRICT COURT  
DISTRICT OF MASS.

Defendant No. 1

Name

Clarified States Post Office Service

Job or Title (if known)

Street Address

475 L. Enfant Plaza SW

City and County

Washington

State and Zip Code

DC.

Telephone Number

~~202-462-1234~~

E-mail Address (if known)

Defendant No. 2

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

Defendant No. 3

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

Defendant No. 4

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☐

Federal question

☒

Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) Theodore Tobias, is a citizen of the  
State of (name) MA.

**b. If the plaintiff is a corporation**

The plaintiff, (name) \_\_\_\_\_, is incorporated  
under the laws of the State of (name) \_\_\_\_\_,  
and has its principal place of business in the State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, (name) \_\_\_\_\_, is a citizen of  
the State of (name) \_\_\_\_\_. Or is a citizen of  
(foreign nation) \_\_\_\_\_.



- b. If the defendant is a corporation  
 The defendant, (name) United States Postal Service, is incorporated under the laws of the State of (name) DC, and has its principal place of business in the State of (name) DC.  
 Or is incorporated under the laws of (foreign nation) DC, and has its principal place of business in (name) USA.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy-the amount the plaintiff claims the defendant owes or the amount at stake-is more than \$75,000, not counting interest and costs of court, because (explain):  
\$50,000 for amount of insurance I was overcharged  
\$99,000 for intentionally breaching contract and  
\$50,000.00 for delivering package to the wrong address.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

I sent a package / Invention (Insured) to Massachusetts, the Post Office delivered it to Connecticut, to the wrong address and they told me I had to appeal it within 60 days but I was incarcerated and in jail they do not have online services, they overcharged me and the post office is liable.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Punitive Damages: \$50,000.00, \$99,000.00  
\$50,000.00 I was insured package and the Post Office delivered my package to the wrong address and the Post Office will not pay me AND I HAVE A LETTER From the Postmaster.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: \_\_\_\_\_

1/27/22

Signature of Plaintiff \_\_\_\_\_

Therese Tobias

Printed Name of Plaintiff \_\_\_\_\_

Therese Tobias**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Street Address \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_



## Cover Letter

There is a job description: "a black woman who works behind technology," who calls clerks, that is she obstructed my case in New Bedford MA. (District Court), therefore if anyone calls you to stop my claim please contact:

United States Capitol  
Investigations Division  
Special Agent Andricko  
119 D. St. NE  
Washington DC. 20510  
Phone: 202-224-1495

~~Theodore Tobias~~

Date: 1/27/22

Theodore Tobias

826 Willard St. Apt 212

Quincy Ma. 02169

DISTRICT OF MASSACHUSETTS  
Boston,  
THEODORE TOBIAS  
Plaintiff

v.

United States Post Office  
Defendant

### COMPLAINT

#### Statement of Facts

1. On 1/27/17 I Theodore Tobias (hereinafter "plaintiff") mailed a package: Invention Prototype and WP-T-328 to: Thea Melluzzo 4308 Avalon Dr, Randolph MA. 02368, See U.S. Department of Justice To: Attached 1
2. On 1/19/2018 a year later, United States Post Office (hereinafter "defendant") delivered plaintiff's package to the wrong address, See USPS Tracking Attached 2. \*Defendant mailed package to: In / At Mailbox, Windsor CT 06095.
3. Plaintiff was told by defendant that you have to file online within 60 days. Plaintiff was incarcerated and they do not have online services to file a claim.



4. On 1/18/18 defendant, at 245 Broad St Windsor CT 06095 gave me a letter (in part) the maximum payout is \$5,000.00 (five thousand dollars), See Barbara L. Holder Postmaster Attached 3.

5. On 1/18/2018 I wrote United States Postal Inspection Service and received no response, See Certified Mail Receipt and United States Postal Letter Attached 4.

6. On plaintiffs U.S. Department of Justice document it states verbatim: I understand that if I insure the property, the USPS will only indemnify the ACTUAL value of the property up to the amount of insurance purchased, See Request Attached 1.

Defendant intentionally "Knew or should have known" plaintiff could not appeal in 60 days due to plaintiff was incarcerated, defendant refuse's to indemnify plaintiff and violated contract - which is a breach of contract and delivered package to the wrong address, defendant is liable and negligent.



Requested Relief: Punitive Damages  
\$50,000.00 for amount of insurance  
purchased, — U.S. Department of Justice  
overcharged me.  
\$99,000.00 for Breach of contract.  
\$50,000.00 for delivering package to  
the wrong address, defendant is liable.  
• For my Invention (Prototype) and WP-  
T-328 — I want \$50,000.00, \*It  
took the defendant one year to deliver  
plaintiff's package, See 1 and 2.

~~Theodore Tobias Jr~~  
Theodore Tobias  
826 Willard St. Apt 212  
Quincy MA. 02169  
Phone: 860-996-2617  
E-mail: getsed291@gmail.com

Dated: 1/27/22

Exhibit 1

REQUEST	Name of Inmate <u>Theodore Tobias</u>	Register No. <u>13190-014</u>	Institution <u>USP Atlanta</u>	
	Item(s) <u>Invention (Prototype) and USP T-328</u>		Value <u>500.000.000</u>	
	I am requesting that the above items be sent from the Institution to the address specified. The item(s) are my personal property. Total value is as shown above. I understand that if I insure the property, the USPS will only indemnify the ACTUAL value of the property up to the amount of insurance purchased. I will provide sufficient postage stamps to cover the cost of mailing and all services requested. I have completed the mailing label, below.			
	Insure? <input checked="" type="radio"/> YES <input type="radio"/> NO	Certify? <input type="radio"/> YES <input checked="" type="radio"/> NO	Register? <input type="radio"/> YES <input checked="" type="radio"/> NO	Return Receipt? <input type="radio"/> YES <input checked="" type="radio"/> NO
	Inmate Signature: <u>[Signature]</u>		Date: <u>1/17/17</u>	
APPROVAL	The above inmate is authorized to ship the item(s) shown.			
	Signature of Authorized Staff: <u>[Signature]</u>		Date: <u>1/17/17</u>	
PROCESSING	Property indicated above was packed and sealed in the inmates presence.			
	Signature of Authorized Staff: <u>[Signature]</u>		Date: <u>1/17/17</u>	
	Property indicated above was received and mailed on the date indicated. The following services were provided as requested above: (circle as appropriate)			
	INSURED      CERTIFIED      REGISTERED-Number assigned _____			
	RETURN RECEIPT REQUESTED - YES      NO      Total Stamps Provided = \$ _____			
	Mail Officer signature: _____		Date _____	
	After mailing send copies of this form to : Original Mail Room, Copy - Inmate, R&D, Central File			

USP LVN



BP-329(58) February 1984

FROM: Theodore A. Tobias Jr.

Name

Box or Street Address

City, State and ZIP Code

I Theodore A. Tobias Jr. do certify that the foregoing is only copy of the Original Document issued by the Department of Justice

Here

Theodore A. Tobias Jr.

TO: Thea Melluzzo

4308 Avalon Dr.

Randolph MA 02368

Subscribed and Sworn to before me, a Notary Public in and for the County of Hartford and State of Connecticut, this 18th day of January 2018.  
Donna S. Higgins  
Notary Public



Exhibit 2

**USPS Tracking®**FAQs > (<http://faq.usps.com/?articleId=220900>)

Track Another Package +

Tracking Number: 9114999944314163143113

Remove X

Expected Delivery on

**FRIDAY****19** JANUARY 2018 ⓘ by **8:00pm** ⓘ **Delivered**

January 19, 2018 at 2:30 pm

Delivered, In/At Mailbox

WINDSOR, CT 06095

Get Updates ✓

Text &amp; Email Updates



Tracking History



Product Information



See Less ^

**Can't find what you're looking for?**  
How can I help you?

Go to our FAQs section to find answers to your tracking questions.

Exhibit 3



USPS TRACKING # 9114 9999 4431 4163 1431 13  
 & CUSTOMER  
 RECEIPT For Tracking or inquiries go to USPS.com  
 or call 1-800-222-1911.

Mr. Tobias FYI....

January 18, 2018

Per our conversation this morning, I have printed out the specifications for insurance coverage for the United States Postal Service the maximum payout is \$5000.00 (five thousand dollars)

Taken the United States Postal Service Domestic Mail Manual (DMM)

4.3.1 Description

[10-2-17] Insured mail is subject to the basic standards in 1.0; see 1.4 for eligibility. The following additional standards apply to insured mail:

a. Insured mail purchased at a retail Post Office location, online through Click-N-Ship, a USPS-approved provider of PC Postage products or customer-generated integrated barcodes provides up to \$5,000.00 indemnity coverage for articles that are lost, damaged or have missing contents. In order to be eligible for insurance indemnity, a mail piece must have received at least one USPS processing scan or the customer must provide proof of insurance (see 609.3.1). Customers are encouraged to deposit insured mail pieces with a USPS retail associate.

b. Bulk Insurance prices are available for insured articles entered by authorized mailers who meet the criteria in 4.4. This service is not available for insurance purchased online.

c. Insured mail provides the mailer with a mailing receipt. No record of insured mail is kept at the office of mailing; however, the USPS maintains insured mail delivery records for a period of time. An item insured for \$500.00 or less receives a delivery scan. An item insured for more than \$500.00 receives a delivery scan (includes returns products meeting the applicable standards in 505) and the USPS obtains and provides the recipient's signature as the delivery record to the mailer electronically (excludes returns products). Customers may optionally obtain a delivery record by purchasing a hardcopy return receipt (Form 3811; also see 6.0 excludes returns products). Customers may direct delivery of mail insured for more than \$500.00 only to the addressee (or addressee's authorized agent) using Insurance Restricted Delivery (4.5).

d. Postal insurance may be purchased at only one source for each mail piece; combining postal insurance from multiple sources is not permitted.

e. First-Class Mail, First-Class Package Service — Retail, First-Class Package Service — Commercial, and Priority Mail may be insured, if it contains matter that is eligible to be mailed at USPS Marketing Mail, USPS Retail Ground, or Package Services prices.

f. For insured mail, the mailer guarantees to pay the applicable return and forwarding postage, unless the mailer writes instructions on the wrapper or envelope not to forward or return the mail.

*Barbara L. Holder*

Barbara L. Holder Postmaster  
 245 Broad Street  
 Windsor, CT. 06095-9998

Enclosure(s)

Copy of Revenue Quick Tip Sheet with insurance information highlighted

## Product Tracking & Reporting


[Home](#)
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[Manual Entry](#)
[Rates/  
Commitments](#)
[PTR / EDW](#)
[USPS Corporate  
Accounts](#)
[October 08, 2019](#)

USPS Tracking Intranet

Delivery Signature and Address

Tracking Number: 7015 1520 0002 2793 2976

This item was delivered on 10/01/2019 at 10:27:00

[Return to Tracking Number View](#)

Delivery Section	
Signature	<div> </div>
Address	<div> </div>

Enter up to 35 items separated by commas.

Select Search Type: Quick Search

Submit

Product Tracking & Reporting, All Rights Reserved  
Version: 20.1.1.0.6

Exhibit 4





UNITED STATES POSTAL INSPECTION SERVICE  
CRIMINAL INVESTIGATIONS SERVICE CENTER  
433 W. HARRISON STREET, ROOM 3255  
CHICAGO, IL 60699-3255

6 SUBURBAN  
IL 604  
01 JAN '18  
PM 11

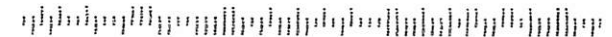


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

POSTAL CUSTOMER  
79 BERRIOS HILL RD  
WINDSOR CT 06095

8165 KXR

06095\$1000 C034



**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

CHICAGO, IL 60699

Certified Mail Fee	\$3.35	0195
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	02
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	Postmark Here
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$1.40	
Total Postage and Fees	\$4.75	
Sent To: <i>Postal Inspector</i> <i>Criminal Investigations Service Center</i>		
Street and Apt. No., or P.O. Box No. 433 W. Harrison St. Rm 3255		
City, State, ZIP+4® Chicago, IL 60699-3255		

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

CHICAGO, IL 60699

Certified Mail Fee	\$3.35	0195
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	02
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	Postmark Here
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$1.19	
Total Postage and Fees	\$4.54	
Sent To: <i>Postal Inspector</i> <i>Criminal Investigations Service Center</i> <i>Admin: Identity Theft/Mail Fraud</i>		
Street and Apt. No., or P.O. Box No. 433 W. Harrison St. Rm 3255		
City, State, ZIP+4® Chicago IL 60699-3255		